POSTIMARK DATE MAY 04 2003

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

Ā	For th	e 2002 polandar, par ar tay i dar baginning	2002 and	1 ending	, 20
B (Theck if a	applicable 20 IR VI 51.0170717 200010		Π	D Employer identification number
_		change ASSOCIATED RECREATION COUNCIL		1 1	51 0170117
_	vame c	h		R∍	E Telephone number
	nitial re	100 DEXTER AVE IN		s	206/233-1005
_	Final ret	7 1 100 1 4 1		_	F Accounting method.
		d return			☐ Other (specify) ►
		on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexem	not charitable		of applicable to section 527 organizations
ш,	фрисци	trusts must attach a completed Schedule A (Form 990 or		l	group return for affiliates?
G	Web sit	e ▶			enter number of affiliates >
				• •	ffiliales included? N/A
J	Organiz	ration type (check only one) ► ☐ 501(c) () ◄ (insert no) ☐ 4947(a)	(1) or LJ 52/		attach a list. See instructions)
K	Check	here > 🔲 if the organization's gross receipts are normally not more than ation need not file a return with the IRS, but if the organization received a Form	\$25,000 The	Organizati	separate return filed by an ion covered by a group ruling? Yes No
		ail it should file a return without financial data. Some states require a comple			digit GEN + 2757
					If the organization is not required
<u>L </u>	Gross	receipts. Add lines 6b, 8b, 9b, and 10b to line 12. ▶			h Sch B (Form 990, 990-EZ, or 990-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balar	nces (See p	age 17 of the instructions)
	1	Contributions, gifts, grants, and similar amounts received			
	а	Direct public support	1a		
	Ь	Indirect public support	1b		
	С	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ none	ash \$)	1d
	2	Program service revenue including government fees and contra	acts (from Pa	rt VII, line 93)	2 4475
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4 2675		
	5	Dividends and interest from securities .	5		
	6a	Gross rents .	6a		— <i>[[[]</i>
	ь	Less rental expenses			
	С	Net rental income or (loss) (subtract line 6b from line 6a)			. 6c
9	7	Other investment income (describe ►) 7
Revenue	8a	Gross amount from sales of assets other (A) Securities		B) Other	
ê	Ì	than inventory .	8a		
		Less cost or other basis and sales expenses	8b		
		Gain or (loss) (attach schedule) .	8c	CEIVED	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	1	REINFD	8d
	9	Special events and activities (attach schedule)	B MAY		7.9
	a	Gross revenue (not including \$ of	¥ MAY	0 8 2003	13
	_	contributions reported on line 1a) Less direct expenses other than fundraising expenses	96		188
	b b	Net income or (loss) from special events (subtract line 9b fi		EN LIT	9c
		Gross sales of inventory, less returns and allowances	10a _		
	ь	Less cost of goods sold	10b		
	1	Gross profit or (loss) from sales of inventory (attach schedule) (sub		from line 10a)	10c
	11	Other revenue (from Part VII, line 103)			11 311,508
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and	l 11)		12 3/8, 675
_	13	Program services (from line 44, column (B))			13 344 54
Expenses	14	Management and general (from line 44, column (C))			14
per	15	Fundraising (from line 44, column (D))			15
ŭ	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 344
ets	18	Excess or (deficit) for the year (subtract line 17 from line 12			18 (25866)
Assets	19	Net assets or fund balances at beginning of year (from line		(A))	19 84 366
ž	20	Other changes in net assets or fund balances (attach explains)			20 0
_	121	Net assets or fund balances at end of year (combine lines 18,	13, <u>aliu 2</u> 0)		21 38300

Feli	Functional Expenses and section 4947(a)	usi comp (1) none	xempt charitable trusts i	out optional for others	(See page 21 of the instr	(3) and (4) organizatio uctions)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	1				
	(cash \$)	22	<u> </u>		<i>*////////////////////////////////////</i>	
23	Specific assistance to individuals (attach schedule)	23	_ 			
24	Benefits paid to or for members (attach schedule)	24	101/00		104 053	
25	Compensation of officers, directors, etc	25 26	104 053		104,053	
26	Other salaries and wages	27	104, 173.		104, 193	
27	Pension plan contributions	28	24,310		24.3/0	
28	Other employee benefits	29	19 744		19'144	
29 30	Payroll taxes Professional fundraising fees	30			5	
30 31	Accounting fees	31	7619		7619	
31 32	Legal fees	32			0	
32 33	Supplies	33	18.085		18,085	
34	Telephone	34	577		577	·
35	Postage and shipping	35	3105		3105	
36	Occupancy	36	0		0	
37	Equipment rental and maintenance	37	1739	<u> </u>	1239	
38	Printing and publications	38	959		959	
39	Travel .	39	3468		3468	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize) a	43a			<u> </u>	
b	Other onparison for containing and promiting at a	43b			<u> </u>	
c		43c				
d	Action	43d			6-2-4	
e	XImt.	43e	56.689		56684	
44 ′	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15.	44	344541		344541	
If "Yo (iii) the Par Wha All o	iny joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cost he amount allocated to Management and general till Statement of Program Service Accut is the organization's primary exempt purpose? rganizations must describe their exempt purpose a	ompli	, (ii) th , and (iv) th ishments (See p	e amount allocated e amount allocated page 24 of the i	d to Program service: d to Fundraising \$ nstructions)	Program Servic Expenses (Required for 501(c)(3) a (4) orgs and 4947(a)(
orga	ents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts	must	also enter the amou	nt of grants and al	locations to others)	trusts but optional for others)
а						
			-		-	
	· · · · (0	Grants	and allocations	\$)	
ь	<u></u>					
U						1
	-					
	(0	Grants	and allocations	\$)	
c						
C			-			
	((Grants	and allocations	\$) _	
ď		_				
	((Grants	and affocations	\$)	
еĈ	Other program services (attach schedule) (0	Grants	and allocations	\$)	
1 7	otal of Program Service Expenses (should eq	ual line	e 44, column (B),	Program services)	

N	lote	Where required, attached schedules and amounts	within the description	(A) Beginning of year		(B) End of year
_		column should be for end-of-year amounts only		106.901	45	- 6491-7'-
	45	Cash—non-interest-bearing	<u> </u>	100,701	45	-67-71-X
	46	Savings and temporary cash investments		/////		
			47a			
		Accounts receivable	47b		47c	
	D	Less allowance for doubtful accounts			11111	
	40.0	Diadaa rassuudhis	48a			
		Pledges receivable Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste	es and key employees			
•	30	(attach schedule)	es, and key employees		50	
	51a	Other notes and loans receivable (attach		•		
ţ	• • •	schedule)	dule) 51a			
Assets	b	Less allowance for doubtful accounts	51b	····	51c	·
Ä	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		/354	53	1872
	54	Investmentssecurities (attach schedule)	► Cost FMV		54	·
	55a	Investments—land, buildings, and	1 1			
		equipment basis	55a			
	b	Less accumulated depreciation (attach	l set			
		schedule)	55b		55c 56	
	56	Investments—other (attach schedule)	57a	 	/////	
		Land, buildings, and equipment basis	STA			
	þ	Less accumulated depreciation (attach	57b		57c	
	58	schedule) Other assets (describe ▶)		58	
				1000		01 5001
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)	108,255	59	86,004
	60	Accounts payable and accrued expenses		3362	60	3336
	61	Grants payable	ļ		61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and	d key employees (attach	•		
labilities		schedule)		<u> </u>	63	
를		Tax-exempt bond liabilities (attach schedule			64a 64b	
_		Mortgages and other notes payable (attach	schedule)	-20 507	65	74 9/08
	65	Other liabilities (describe	<i>~</i>	00,000	00	68 17, 100
	66	Total liabilities (add lines 60 through 65)		<i>23889</i>	66	28.304
	 	anizations that follow SFAS 117, check here	and complete lines	· · · · · · · · · · · · · · · · · · ·		, , ,
10	"	67 through 69 and lines 73 and 74	und complete lines	011 211		10000
ő	67	Unrestricted		84,366	67	58,500 <u>-</u>
lan	68	Temporanly restricted			68	
Ba	69	Permanently restricted	:		69	
Fund Balances	Org	anizations that do not follow SFAS 117, check	k here ▶ 🔲 and			
		complete lines 70 through 74				
ŏ	70	Capital stock, trust principal, or current fund			70	
ets	71	Paid-in or capital surplus, or land, building,			71	
Net Assets	72	Retained earnings, endowment, accumulate			72	
et /	73	Total net assets or fund balances (add lin	es 67 through 69 or lines	_		
ž		70 through 72, column (A) must equal line 19, column (B) r	nust equal line 21\	84.366	73	58 500
	74	Total liabilities and net assets / fund balan	The state of the s	108 255	74	26 2AL
	J • •		(Inde miles de alle 10)	, , <u>, , , , , , , , , , , , , , , , , </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	77-77-77-77-7

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pa	t IV-A	Financia	liation of Revenu I Statements wit See page 26 of the	h Revenue	per	Part	Fi			of Expense nents with		
а			and other support statements	a 10.	//////////////////////////////////////	а	Total exp			•	a	34454
b	•	included oi	n line a but not on			b	Amounts in on line 17,	ncluded	on line			
(1)	Net unrea	lized gains nents	\$			(1)	Donated and use of		_			
(2)	Donated and use of	services of facilities	_			(2)	Pnor year ad reported on	•				
(3)	Recoverie year gran	es of prior ts	\$			(3)	Form 990 Losses rep	orted o	<u>\$</u> ո			
(4)	Other (sp						line 20, For Other (spe	m 990	<u>\$</u>			
	Add amou	ints on line	\$s (1) through (4) ▶	b		``	•		\$			
_		nus line b	5 (1) (1100gii (1)	c 10,	<u>5</u> 79]_	Add amour			rough (4)►	Ь	34454.1
c d	Amounts	included of but not of	-			q	Amounts II	ncluded	d on line	-		
(1)	Investment	t expenses				(1)	Investment	expense	s			
	6b, Form 9		\$			4-1	not include 6b, Form 99	90	e <u>\$</u>			
(2)	Other (sp	ecity)	+340 0Q/-			(2)	Other (spe	city)	-			
			\$308,096	d 308		1			\$		d	
e	Total reve	enue per li	es (1) and (2) > ne 12, Form 990	310	سيروب	e		nses pe	er line 17,	and (2) ► Form 990	T.	344501
Pa		•	ers, Directors, T	rustees, ar	<i>6/5</i> nd Key I	Emplo	(line c plus yees (List e			not compen	sated	d, see page 26 o
			e and address		(B) Title a	and aver devoted	age hours per to position	(If not	npensation paid, enter	(D) Contribution employee benefit deferred comper	plans &	(E) Expense account and other allowances
Z.	tte	chme	ent 1.							Control Control	-	unowances
-											-	
-	-											
		-										
										-		
				-							<u> </u>	
_	· -		-				_				. 	
	··							<u> </u>				
		<u> </u>							· · · ·	-		
75	Did any o	fficer, direct	or, trustee, or key e	mployee rece	ive aggre	gate co	mpensation	of more	than \$10	0,000 from y	our	
			elated organizations, edule—see page 2				vas provided	by the	related org	ganizations?	•	☐ Yes ☐ No

b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)

and enter the amount of tax-exempt interest received or accrued during the tax year

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

The books are in care of ▶ DOLDRIS

Located at > 860 TERRY AVE N. SEATTLE, WA

HARLTON

Telephone no_ ► (

ZIP + 4 > 98109-51

<u>Part</u>	VII Analysis of Income-Producing Ac					
Note	Enter gross amounts unless otherwise	Unrelated by	usiness income	Excluded by sec	ion 512 513 or 514	(E) Related or
indic	ated	(A)	(B)	(C)	(D)	exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	income
а		_				4475
b		-	 	[·	
С		_		<u> </u>		
ď		-				
е		_		<u> </u>		
f	Medicare/Medicaid payments	ļ		}		
g	Fees and contracts from government agencies		ļ	<u> </u>		
94	Membership dues and assessments			7.7	1/1	
95	Interest on savings and temporary cash investments		<u> </u>	14_	×671	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
а	debt-financed property		ļ		_ .	
b	not debt-financed property		ļ	<u> </u>		
98	Net rental income or (loss) from personal property	ļ	 	ļ		<u> </u>
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory	<u> </u>	<u></u>	ļ		<u> </u>
101	Net income or (loss) from special events		 			<u> </u>
102	Gross profit or (loss) from sales of inventory	?		ļ <u> </u>		0.000
103	Other revenue a Suc Fees Carned	<u></u>	ļ. 		#2 1/ m2	308,096
b	nuse feed	- }	 	01	34/2	<u></u>
C		. 	ļ — — —			
d		-	ļ	ļ		
e			<u> </u>		10101	212000
104	Subtotal (add columns (B), (D), and (E))		<u> </u>		6104	3/23//
105	Total (add line 104, columns (B), (D), and (E))		40.0		► <u>27/8</u>	,675
	Line 105 plus line 1d, Part I, should equal the			(0.	. 22 (4)	1
	VIII Relationship of Activities to the Acc					
Line	No Explain how each activity for which income of the organization's exempt purposes (other				portantly to the a	accomplishment
02					10. 10.	7 7
72/	7 Voringee perener	Ulldred L	1	gremps	groupice	welle
กล	A accepted Charge I to a	00/12 1 1100	11/1/1/2000	12 1118:	4	na Ara
100						
Part	IX Information Regarding Taxable Subs	down and Du	ranged Entity	25 (500 0000	22 of the unit	noc .
I GILL	(A)	(B)	(C)	es (See page	(D)	(E)
	Name, address, and EIN of corporation	Percentage of	Nature of a	ctivities	Total income	End-of-year
h 17	partnership, or disregarded entity on	vnership interest				assets
\sim	7	%				
		70			 	
						
Part	X Information Regarding Transfers Asso		onal Benefit Con	tracts (See p	age 33 of the ins	structions)
						Yes N
(a)	Did the organization, during the year, receive any funds, d Did the organization, during the year, pay prei					Yes N
	e If "Yes" to (b), file Form 8870 and Form 47			personal bei	lent Contract.	Li tes permi
	Under penalties of perjury I declare that I have exami	_ 		hedules and stat	ements and to the t	pest of my knowled
	and belief it in this correct and complete Declaration	ee_of preparer (other	than officer) is based	d on all informati	on of which prepare	r has any knowledr
			- ECUTIVI	I	87/as 2	2,2007
					· · · · · ·	
		_		~ [Date	· · · · · · · · · · · · · · · · · · ·

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2002

OMB No 1545 00-

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

A.55	OCIATED RECREATION	1 COUNCIL _		5/0/7/	
Part I	Compensation of the Five High	est Paid Employees Of		ers, Directors, a	
	(See page 1 of the instructions L	i	e none, enter "I	Vone ") (d) Contributions to	(e) Expense
(a) Name	and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deterred compensation	account and other allowances
1111	LIAM KELLER				
			F2 -1.	1.001	
4611 1	18320 PLSW, LYWNWDWY 98037		52,561	4796	
	98037				
					•
		, <u>, , , , , , , , , , , , , , , , , , </u>	-	······································	
Total num	ber of other employees paid over				
\$50,000	<u> </u>				
Part II	Compensation of the Five High (See page 2 of the instructions Lis				
(a) I	Name and address of each independent contractor	r paid more than \$50 000	(b) Type	of service	(c) Compensation
\mathcal{A}	m e				
. 1. 79			<u> </u>		
				·	
		-			
		× .	ļ		
	per of others receiving over \$50,000 for	19			
professiona	al services		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		

Pa		Form 990 or 990 EZ) 2002	-	<u>P</u>	age 2				
	rt [[[Statements About Activities (See page 2 of the instructions)		Yes	No				
1	attem or inc	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A or line I of Part VI-B)							
	organ	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other izations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of bbying activities.							
2	subst with a owne	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions)							
а	Sale,	exchange or leasing of property?	2a	{	$\overline{}$				
b	Lenda	ng of money or other extension of credit?	2b		$\frac{\mathcal{X}}{\mathcal{X}}$				
С	Furnis	shing of goods, services, or facilities?	2c		_				
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d /	Δ	$\overline{}$				
е	Trans	fer of any part of its income or assets?	2e						
3		the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) but have a section 403(b) annuity plan for your employees?	3 4		/ ヌ				
Not	e Attac	h a statement to explain how the organization determines that individuals or organizations receiving grants							
	rt IV	m it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions	<u></u>						
		zation is not a private foundation because it is (Please check only ONE applicable box)	'		_				
me 5	<u> </u>	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)							
6	_	school Section 170(b)(1)(A)(ii) (Also complete Part V)							
7	_	hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)							
8	□ A	Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)							
9		medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the ho	sp _i tal's n	ame	, CI				
10	□ A	nd state ►	ction 170(b)(1)((A)(ı				
11a	□ A	n organization that normally receives a substantial part of its support from a governmental unit or from ection 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	the gene	ral p	ubl				
116	_	community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
12	A re	n organization that normally receives (1) more than 331/5% of its support from contributions, membershedeipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no make support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Par	nore than ousinesse	337	5%				
	ď	n organization that is not controlled by any disqualified persons (other than foundation managers) and supescribed in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3))							
13		Provide the following information about the supported organizations. (See page 5 of the instruction	ıs)	_					
13	_	(a) Name(s) of supported organization(s)	ne numbe						
13			om above	!					
13	-	See allacher Schodule.	M above	_					

	y You may use the worksheet in the instructions				M AL BARALIA	tino
Calc	You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 199	,
15	Gifts, grants, and contributions received (Do	(a) 2001	(0) 2000	(6) 1999	(u) 199	8 (e) Total
15	not include unusual grants. See line 28.)					İ
46	Membership fees received					-
16						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc. purpose		· · · · · · · · · · · · · · · · · · ·	·	_	
18	Gross income from interest, dividends					
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975					
19	Net income from unrelated business	•			1	
	activities not included in line 18				1	
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit				1	
	without charge. Do not include the value of services or facilities generally furnished to the				1	
	public without charge					
22	Other income Attach a schedule Do not		•			· -
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	6	4	<u> </u>	₩	
24	Line 23 minus line 17	=				
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	s Enter 204 of	amount in solum	up (a) lupa 24	<u> </u>	26a N/1
	-					
b	Prepare a list for your records to show the name	ne ot and amoun	t contributed by	eacn person (otr	ier than a	
	والمحادية المحادث والمراجل والمحادث والمحادية والمحادث وا		-	0001 aug		
	governmental unit or publicly supported organiz	ation) whose tota	al gifts for 1998 th	•	eded the	26h
	amount shown in line 26a. Do not file this list wi	tation) whose tota ith your return E	al gifts for 1998 th inter the total of a	•	eded the	26b N/A
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e f	amount shown in line 26a Do not file this list will Total support for section 509(a)(1) test. Enter his Add Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total). Public support percentage (line 26e (numera Organizations described on line 12 a Foperson," prepare a list for your records to show Do not file this list with your return. Enter the (2001). (2000). For any amount included in line 17 that was recensive the name of, and amount received for each (linclude in the list organizations described in lines the difference between the amount received and amounts) for each year. (2001). (2000). Add Amounts from column (e) for lines. 15 17 20. Add Line 27a total. Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test. Enter all	ation) whose tota th your return E ne 24, column (e) tor) divided by I or amounts include the name of, and the sum of such an oved from each per year that was mo through 11, as we the larger amount and line 27b tota tal) mount from line 2 inter) divided by I	al gifts for 1998 the inter the total of all 19 26b ine 26c (denominated in lines 15, 1 total amounts for each young (1999) son (other than "ore than the larger yell as individuals (1999) 16 21 23, column (e) ine 27f (denominated in 27f (denominated in 27f (denominated in 27f (denominated in 1998) ine 27f	nator)) 6, and 17 that year lisqualified persor of (1) the amount Do not file this lior (2), enter the s	were receive ar from, each of these (1998)	26c N/A 26d N/A 26e N/A 26l N/A 27d N/A 27d N/A 27d N/A

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

_	tule A (Form 990 or 990 EZ) 2002			age 4
Par	Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	A		r
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b	_	
С	Employment of faculty or administrative staff?	33c		-
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	331		
g	Athletic programs?	33g		-
h	Other extracurricular activities?	33h		\ ?////
	If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<i>X/////</i>

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

34b

Sche	dule A (Form 990 or 990-EZ) 2002		==-			Page £
Pai	Cobbying Expenditures by Ele (To be completed ONLY by an		ation that file	d Form 5768)		NIA
Chec	ck ▶ a ☐ if the organization belongs to an affilia	ted group Chec	ck ► b ☐ if	you checked "a" ar	nd "limited control"	provisions apply
	Limits on Lobbyir (The term "expenditures" mear	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
				36	NIA	G garizations
36	Total lobbying expenditures to influence public	-		37	13//	
37	Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and 3		t lobbyling)	38		
38 39	Other exempt purpose expenditures) / j		39		
40	Total exempt purpose expenditures (add lines 3	38 and 39)		40		
41	Lobbying nontaxable amount Enter the amount					
		bying nontaxabl				
		the amount on li		1		
	Over \$500,000 but not over \$1 000,000 \$100 00	0 plus 15% of the	excess over \$50	0 000		
	Over \$1,000,000 but not over \$1,500,000 \$175,00	0,000 } 41				
	Over \$1,500,000 but not over \$17,000,000 \$225,00	000 plus 5% of the excess over \$1 500,000				
	Over \$17,000,000 \$1,000,					
42	Grassroots nontaxable amount (enter 25% of li			42	ļ	
43	Subtract line 42 from line 36 Enter -0- if line 4	•		43	-	
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lin	e 38			
	Caution: If there is an amount on either line 43	or line 44, you m	nust file Form 47	20		
	4-Year Ave (Some organizations that made a section	eraging Period			e five columns be	elow
	See the instructions for	or lines 45 throug	h 50 on page 11	of the instructio	ns)	
		Lobi	bying Expenditu	ıres Dunng 4-Ye	ar Averaging Pe	eriod N/A
	Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount					-
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					<i>a</i>
49	Grassroots ceiling amount (150% of line 48(e))					-0-
50	Grassroots lobbying expenditures					$\mid \Theta \mid$
	rt VI-B Lobbying Activity by Nonelection (For reporting only by organization)	ting Public Cl		// // Part VI-A) (See	page 11 of th	e instructions
	ng the year, did the organization attempt to influ			-		
	mpt to influence public opinion on a legislative n				any Yes No	Amount
	Volunteers		. 5			
b	D. J. J. H	on in expenses re	eported on lines	c through h)	<u> </u>	
c	44 4 1 4	•				
d	A A A A A A A A A A A A A A A A A A A					
е	Publications, or published or broadcast statem	ents			 	
f	, , ,				 	
g						
h			res, or any other	r means		
ı	Total lobbying expenditures (Add lines c through f"Yes" to any of the above, also attach a state	gn h.) .ement giving a di	etailed description	on of the lobbying	activities	<u>4 </u>
		g g u u				990 or 990-EZ) 200

Schedule A (Fo	orm 990 or 990 EZ)	2002				P	age 6
Part VII			nsfers To and Transaction page 12 of the instruction	ns and Relationships With Non ns)	charitat	le	
				following with any other organization on 527, relating to political organization		l in si	ection
a Transfe	ers from the repo	orting organization	to a noncharitable exempt orga	inization of		Yes	Ng
(ı) C	ash	-			51a(ı)		X
(n) O	ther assets				a(u)		X
b Other	transactions						
(i) S	ales or exchange	es of assets with a	noncharitable exempt organiza	tion	b(i)_		X
(II) P	urchases of asse	ets from a nonchari	table exempt organization		b (n)		LZ,
(III) R	ental of facilities,	, equipment, or oth	er assets		b(m)		X
(iv) R	eimbursement ar	rangements			b(ıv)		
(v) L	oans or loan gua	rantees			b(v)		\Rightarrow
• •			hip or fundraising solicitations		<u>b(vi)</u>		
	_	-	its, other assets, or paid emplo	•	С		ĻX
goods,	, other assets, or s	services given by the	e reporting organization. If the organization	Column (b) should always show the fair ganization received less than fair market is, other assets, or services received			the
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of nonc	haritable exempt organization	Description of transfers transactions and	snanng arra	ingem	ents
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descn	bed in section 50		other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes	Þ	×10°
(a) Name of organization			(b)	(c) Description of relations	hun		
			Type of organization	Description of relations	- ap		
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ASSOCIA	TED RECREATION COUNCIL			<u>51-0170717</u>	ye 12/31/2002	
FORM 990	OTHER EXPENSES				STATEMENT 1	
		TOTAL		MANAGEMENT AND GENERAL	FUNDRAISING	
	MISCELLANEOUS	4,880		4,880		
	EQUIPMENT PURCHASE	8,356		8,356		
	INSURANCE	8,490		8,490		
	AWARDS & TROPHIES	0		0		
	REGISTRATION FEES	0		0		
	DUES & SUBSCRIPTIONS	22,945		22,945		
	MARKETING	0				
	OUTSIDE SERVICES	5,871		5,871		
	LICENSES	<u>6,147</u>		<u>6,147</u>		
	TOTAL TO FM 990 , LN 43	56,689	0	56,689	0	
	EXPLANATION ADMINISTRATION OF EXEMPT GROUP ACTIVITIES	THAT PRO\	/IDES RECR	EATION/EDUCATI	ON	
FORM 990	OTHER LIABILITIES				STATEMENT 3	
	DESCRIPTION ACCRUED PAYROLL/PAYROLL TAXES SALES & EXCISE TAX PAYABLE				23,677 1,291	
	TOTAL TO FORM 990, PART IV, LINE 65 COLUMN B					
FORM 990	STATEMENT 4					
	DESCRIPTION					
		308,101				

TOTAL TO FORM 990, PART IV-A

Attachment 1

Associated Recreation Council 100 Dexter Avenue North Seattle, WA 98109

Federal I D No 51-0170717

List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B)Title and Average hours per week devoted to position	(C)Compensation	(D) Contributions to employee benefit plan &deferred compensatio	(E)Expense Acct. and other allowances n
Jackie Ramels 5722 SW Admiral Way Seattle, WA 98116	President 7 hours	0	0	o
Tim Amen 20807 32 nd PL W Lynnwood, WA 98036	Vice President 1 hour	0	0	0
Anna Martin 5418 57 th Ave S Seattle, WA 98118	Secretary 1 hour	0	0	0
Larry Luke 15747 Greenwood Ave N Seattle, WA 98133	Director ½ hour	0	0	0
Anıta Matdes 16323 121 st Ave NE Seattle, WA 98011	Director ½ hour	0	0	0
Kıkı Hendren 2801 NW 60 th Seattle, WA 98107	Director ⅓ hour	0	0	0
Cheryl L. Dyer 8808 28 th Ave NW Seattle, Wa 98117	Director ½ hour	0	0	0
Edward Hiroo 25913 141 st Ave SE Kent, WA 98042	Director ⅓ hour	0	0	o
Cleo Peifer 4746 Delridge Way SW Seattle, WA 98106	Director ⅓ hour	0	0	0
Bruce Bentley 1613 SW Austin St. Seattle, WA 98106	Director ⅓ hour	0	0	O
Mele Feiloakitua 1624 14 th Avenue Seattle, WA 98122-4026	Director 1/2 hour	0	0	0

(A) Name and Address	(B)Title and Average hours per week devoted to position	(C)Compensation	(D) Contributions to employee benefit plan &deferred compensatio	(E)Expense Acct and other allowances in
Pam Bracy 2025 Ingersoll Pl Seattle, WA 98144	Director ½ hour	0	0	0
James Luster 10315 Rainier Ave Seattle, WA 98178	Director ½ hour	0	0	0
William Lowe 2107 Republican St. Seattle, WA 98112	Director ⅓ hour	0	0	O
Bill Keller C/O Associated Recreation Council 100 Dexter Ave N Seattle, WA 98109	Executive Director 30 hours	\$52,561	\$4,796	0
Doloris Charlton C/0 Associated Recreation Council 100 Dexter Ave N Seattle, WA 98109	Accounting Manager 40 hours Key Employee	\$45,561	\$1,135	0